

## EMPLOYEE SELF-CERTIFICATION SAFETY CHECKLIST

NAME: \_\_\_\_\_

BUSINESS TELEPHONE: \_\_\_\_\_

PRINCIPAL OFFICE: \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_

OFF SITE WORK ADDRESS AND TELEPHONE:

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Dear Flexiplace Program Participant:

The following checklist is designed to assess the overall safety of the alternate duty station. Each participant should read and complete the self-certification safety checklist. Upon completion the checklist should be signed and dated by the participant employee and immediate supervisor. It should then be returned to the Flexiplace Coordinator.

The designated work area is the alternate duty station, as specified in the work agreement.

### A. WORKPLACE ENVIRONMENT

1. ☐ Yes ☐ No Are all stairs with 4 or more steps equipped with handrails?
2. ☐ Yes ☐ No Are all circuit breakers and/or fuses in the electrical panel labeled as to intended service?
3. ☐ Yes ☐ No Do circuit breakers clearly indicate if they are in the open or closed position?
4. ☐ Yes ☐ No Is all electrical equipment free of recognized hazards that would cause physical harm (frayed wires, bare conductors, loose wires, flexible wires running through walls, exposed wires to the ceiling)?
5. ☐ Yes ☐ No Will the building's electrical system permit the grounding of electrical equipment?

6. ☐ Yes ☐ No Are aisles, doorways, and corners free of obstructions to permit visibility and movement?
7. ☐ Yes ☐ No Are file cabinets and storage closets arranged so drawers and doors do not open into walkways?

WORKPLACE ENVIRONMENT (cont.)

8. ☐ Yes ☐ No Do chairs have any loose casters (wheels) and are the rungs and legs of the chairs sturdy?
9. ☐ Yes ☐ No Are the phone lines, electrical cords, and extension wires secured under a desk or alongside a baseboard?
10. ☐ Yes ☐ No Is the office space neat, clean, and free of excessive amounts of combustible materials?
11. ☐ Yes ☐ No Are floor surfaces clean, dry, level, and free of worn or frayed seams?
12. ☐ Yes ☐ No Are carpets well secured to the floor and free of frayed or worn seams?
13. ☐ Yes ☐ No Is there enough light for reading?

B. COMPUTER WORKSTATION (IF APPLICABLE)

14. ☐ Yes ☐ No Is your chair adjustable?
15. ☐ Yes ☐ No Do you know how to adjust your chair?
16. ☐ Yes ☐ No Is your back adequately supported by a backrest?
17. ☐ Yes ☐ No Are your feet on the floor or fully supported by a footrest?
18. ☐ Yes ☐ No Are you satisfied with the placement of your VDT and keyboard?
19. ☐ Yes ☐ No Is it easy to read the text on your screen?
20. ☐ Yes ☐ No Do you need a document holder?
21. ☐ Yes ☐ No Do you have enough leg room at your desk?
22. ☐ Yes ☐ No Is the VDT screen free from noticeable glare?
23. ☐ Yes ☐ No Is the top of the VDT screen eye level?

24. ☐ Yes ☐ No Is there space to rest the arms while not keying?
25. ☐ Yes ☐ No When keying, are your forearms close to parallel with the floor?
26. ☐ Yes ☐ No Are your wrists fairly straight when keying?

**Employee**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

**Immediate Supervisor's**

**Signature**\_\_\_\_\_ **Date**\_\_\_\_\_

(Approved ☐ Disapproved ☐)

PLEASE RETURN A COPY OF THIS FORM TO YOUR FLEXIPLACE COORDINATOR